

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective December, 1991, and Commission Rule 133.305 and titled Medical Dispute Resolution-General, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 2/19/02.

I. DISPUTE

Whether there should be reimbursement for office visits with manipulation (99213-MP), myofascial release (97250-59), joint mobilization (97265), therapeutic exercises (97110), electrical stimulation (97032) and range of motion testing (95851) rendered from 3/5/01 through 9/4/01. The respondent denied this treatment as “N -Not documented, TWCC 62 denied, no preauthorization obtained.”

II. FINDINGS

- The requestor submitted an updated ‘Table of Disputed Services’ on 4/30/03. Therefore, dates of service in dispute are: 3/5/01, 3/6/01, 3/8/01, 3/12/01, 3/13/01, 3/14/01, 3/19/01, 3/20/01, 3/21/01, 3/29/01 and 9/4/01.
- Preauthorization was received on 3/21/01 for “Post injection rehab for 5 treatments authorized as medically necessary from 3/22/01 to 4/13/01.”
- The claimant reached MMI on 7/11/01 with a 0% rating.

III. RATIONALE

- The following table identifies the disputed services and Medical Review’s Rationale:

DOS	CPT CODE	\$Billed	Paid	EOB Denial Code	MARS Maximum Allowable Reimbursement	Reference	Rationale
3/5/01 3/8/01 3/12/01 3/14/01	99213-MP 99213-MP 99213-MP 99213-MP	48.00 48.00 48.00 48.00	0.00	N & A	48.00 48.00 48.00 48.00	MFG-E&M GR (IV)(C) Rule134.600 (h)(10) MFG-GI (V)	Office visit w/ manipulation does not require preauthorization. Documentation provided for review supports the level of service billed. Reimbursement recommended for DOS 3/5/01, 3/8/01, 3/12/01 and 3/14/01. Amount due: \$48.00 x 4 = \$192.00
3/13/01 9/4/01	99213-MP 99213-MP	48.00 48.00	0.00	N & A	48.00 48.00	MFG-E&M GR (IV)(C) Rule134.600 (h)(10) MFG-GI (V)	Preauthorization not required for office visits. Office notes provided for review for DOS 3/13/01 did not support delivery of service billed. Documentation for DOS 9/4/01 did not support the level of service billed. Therefore, reimbursement not recommended for 3/13/01 or 9/4/01. \$0.00
3/5/01	97265	43.00	0.00	N&A	43.00	Rule134.600	Documentation was not submitted for

3/6/01	97250-59	43.00			43.00	(h)(10) MFG-GI (V)	review that indicated preauthorization was obtained for therapy rendered from 3/5/01 through 3/21/01. Therefore, reimbursement cannot be recommended for DOS 3/5/01 through 3/21/01. \$0.00
	97110	70.00			70.00		
	97265	43.00			43.00		
	97250-59	43.00			43.00		
3/8/01	97110	70.00			70.00		
	97265	43.00			43.00		
	97250-59	43.00			43.00		
	97110	70.00			70.00		
3/12/01	97265	43.00			43.00		
	97250-59	43.00			43.00		
	97110	70.00			70.00		
	97265	43.00			43.00		
3/13/01	97250-59	43.00			43.00		
	97110	70.00			70.00		
	97265	43.00			43.00		
	97250-59	43.00			43.00		
3/14/01	97110	70.00			70.00		
	97265	43.00			43.00		
	97250-59	43.00			43.00		
	97110	70.00			70.00		
3/19/01	97265	43.00			43.00		
	97250-59	43.00			43.00		
	97110	70.00			70.00		
	97265	43.00			43.00		
3/20/01	97250-59	43.00			43.00		
	97110	70.00			70.00		
	97265	43.00			43.00		
	97250-59	43.00			43.00		
3/21/01	97110	70.00			70.00		
	97265	43.00			43.00		
	97250-59	43.00			43.00		
	97110	70.00			70.00		
3/29/01	97265	43.00			43.00		Documentation dated 3/21/01 supports preauthorization was obtained for post injection rehab for 5 treatments from 3/22/01 to 4/13/01. The requestor did not indicate which 5 dates of service were reimbursed. therefore it is unknown if this date of 3/29/01 is eligible for reimbursement. Reimbursement can not be recommended. \$0.00
	97250-59	43.00			43.00		
	97110	70.00			70.00		
	97265	43.00			43.00		

3/5/01	97032	70.00	0.00	N & A	0.00	MFG – MGR (I)(A)	Documentation provided for 3/5/01 did not support that this treatment /service was rendered. Reimbursement not recommended. \$0.00
3/20/01	95851	72.00 (2 areas)	0.00	N & A	\$36.00 (1 area)	MFG – MGR (I)(A)(8) MAR descriptor	Documentation substantiates ROM was requested by the doctor on 3/20/01 for wrist/elbow. This is one extremity. Therefore, only one extremity reimbursed. Amount due: \$36.00
TOTAL		\$1995.00					The requestor is entitled to reimbursement of \$228.00

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 99213-MP and 95851. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$228.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 13th day of November 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl.